## — DO NOT FILE WITH THE COURT — — UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 —

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO FOR COURT US	E ONLY	
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF:			
DEFENDANT:	CASE NUMBER:		
STATEMENT OF DAMAGES (Personal Injury or Wrongful Death)	OAGE NOWBER.		
To (name of one defendant only):			
Plaintiff (name of one plaintiff only):			
seeks damages in the above-entitled action, as follows:		AMOUNT	
General damages     a. Pain, suffering, and inconvenience			
b. Emotional distress			
c. Loss of consortium		<b></b>	
d. Loss of society and companionship (wrongful death actions only)		<b></b>	
e. Other (specify).		\$	
f. Other (specify).			
g. Continued on Attachment 1.g.		′ <del></del>	
-			
Special damages     a.    Medical expenses (to date)	,	<b>.</b>	
b. Future medical expenses (present value) \$			
c. Loss of earnings (to date) \$			
d. Loss of future earning capacity (present value) \$		<b></b>	
e. Property damage\$		\$	
f. Funeral expenses (wrongful death actions only).		<u> </u>	
h			
h Value of personal service, advice, or training (wrongful death actions only)			
i. Other (specify).		<b></b>	
j. Other (specify) \$			
k. Continued on Attachment 2.k.			
3. Punitive damages: Plaintiff reserves the right to seek	punitive damages in the amount of (specify)	ß	
when pursuing a judgment in the suit filed against you.			
Date:			
	<b>L</b>		
	<u> </u>		
(TYPE OR PRINT NAME)	(SIGNATURE OF PLAINTIFF OR ATTORNEY FO PRIVICE ON TEVERSE)	R PLAINTIFF)	

PLAINTIFF:	CASE NUMBER:		
DEFENDANT:			
PROOF OF SERVIC			
(After having the other party served as described below, with any of the other documents complete this Proof of Service. Plaintiff cannot serve these	documents identified in item 1, have the person who served		
I served the     a. Statement of Damages Other (specify):			
b. on (name):  c. by serving defendant other (name and title or related)	tionship to person served):		
d. by delivery at home at business (1) date: (2) time: (3) address:			
e.  by mailing (1) date: (2) place: 2. Manner of service (check proper box):			
<ul> <li>a. Personal service. By personally delivering copies. (CCP § 415.10)</li> <li>b. Substituted service on corporation, unincorporated association (including partnership), or public entity. By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))</li> </ul>			
c. Substituted service on natural person, minor, conservated usual place of abode, or usual place of business of the person household or a person apparently in charge of the office or informed of the general nature of the papers, and thereafter n person served at the place where the copies were left. (CCP stating acts relied on to establish reasonable diligence in	on served in the presence of a competent member of the replace of business, at least 18 years of age, who was nailing (by first-class mail, postage prepaid) copies to the § 415.20(b)) (Attach separate declaration or affidavit		
d. Mail and acknowledgment service. By mailing (by first-class served, together with two copies of the form of notice and acknowledgment service. By mailing (by first-class served, together with two copies of the form of notice and acknowledgment service. By mailing (by first-class served, together with two copies of the form of notice and acknowledgment service. By mailing (by first-class served, together with two copies of the form of notice and acknowledgment service.	cknowledgment and a return envelope, postage prepaid,		
e. Certified or registered mail service. By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)			
f. Other (specify code section): additional page is attached.			
<ul><li>3. At the time of service I was at least 18 years of age and not a party to this action.</li><li>4. Fee for service: \$</li></ul>			
<ul> <li>5. Person serving:</li> <li>a California sheriff, marshal, or constable</li> <li>b Registered California process server</li> <li>c Employee or independent contractor of a registered</li> </ul>	f. Name, address and telephone number and, if applicable, county of registration and number:		
California process server			
<ul> <li>d. Not a registered California process server</li> <li>e. Exempt from registration under Bus. &amp; Prof. Code § 22350(b)</li> </ul>			
i deciale ulidei pelially di peliuly dildei lile iaws di lile State	(For California sheriff, marshal, or constable use only) I certify that the foregoing is true and correct.		
Date:	Date:		
	<b>&gt;</b>		
(SIGNATURE)	(SIGNATURE)		